



STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #: Applicant: **GILA COUNTY SHERIFF'S OFFICE**
Project Title: **CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH**

The following document(s) have been completed and submitted with the application.

Check if Completed

Grant Workbook

- ☒ -Project Administrative Page (Questions 1-10)
- ☒ -Project Narrative (Questions 11-13)
- ☒ -Project Justification (Questions 14 & 15)
- ☒ -Core Capabilities (Questions 16 & 17)
- ☒ -Milestones (Question 18)

Please be sure to only complete the following worksheets that pertain to your project.

- ☒ -Equipment Budget Narrative
 - ☒ -Equipment Description & Utilization
- ☐ -Training Budget Narrative & Detail Worksheet
- ☐ -Exercise Budget Narrative & Detail Worksheet
- ☐ -Planning Budget Narrative & Detail Worksheet
- ☐ -M&A Budget Narrative & Detail Worksheet
- ☐ -Organization Budget Narrative & Detail Worksheet
- ☐ -Memorandum of Understanding (if applicable)

Please check the following boxes if

- ☒ -Your agency is NIMSCAST Compliant

For more information on NIMSCAST:

<http://www.fema.gov/nimscast/index.jsp>

- ☒ -Your agency is registered with and participating in E-Verification Program

For more information on E-Verify

www.uscis.gov/E-Verify

The following tabs **MUST** be completed

- ☒ -Standard Data Collection Form
- ☒ -Financial System Survey
- ☒ -Budget Summary
- ☒ -Project Summary
- ☒ -FFATA Summary
- ☒ -Grant-Funded Typed Resource Report

The due date for this application is March 1, 2013 at 5:00PM. No late applications will be accepted. No incomplete applications will be accepted. There will be no opportunity for clarifications once the application has been submitted. To submit an application please click on the link below:

<http://www.azdohs.gov/application2013.asp>

Central Region, Phoenix UASI		East and West Regions, State Agencies		North and South Regions
Susan Dzbanko (602) 542-1777 sdzbanko@azdohs.gov		John Coughlin (602) 542-7012 jcoughlin@azdohs.gov		Maryann Loya (602) 542-7062 mloya@azdohs.gov

Grant Timeline

March 1, 2013 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS.

March 4 - March 15, 2013 AZDOHS reviews grant applications.

March 18 - April 12, 2013 Applicable applications will be reviewed by Working Groups as necessary. Regional Advisory Councils will provide recommendations to the Director of AZDOHS.

TBD - AZDOHS Applications due to Federal DHS.

On or before September 2013 - Awards will be made to local jurisdictions and state agencies.

Grant Period - Start date will be determined by the date on the official award notice to Arizona.
from U.S. DHS. The local jurisdictions grant award period will not exceed 12 months.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

PROJECT ADMINISTRATIVE PAGE

1. Applicant

GILA COUNTY SHERIFF'S OFFICE

Applicant Address:

Mailing Address: POB 311
City/State/Zip: GLOBE AZ 85502-1465
City: GLOBE State: AZ Zip+4 Code: 85502-1465
<https://tools.usps.com/go/ZipLookupAction!input.action>

Head of Agency

CHIEF JOHNNY SANCHEZ
Title First Name Last Name

Phone #: 928-425-4449

E-Mail Address: jgsanchez@co.gila.az.us

Agency's Point of Contact Information

SGT JOHN FRANCE
Title First Name Last Name

Phone #: 928-472-5395

Cell Phone #: 928-701-4440

E-Mail Address: jfrance@co.gila.az.us

2. Organization Type

County

3. Region or Entity: East Region

Program Initiatives

4a. Initiatives: n CBRNE Detection, Response & Decontamination Capabilities

4b. Is this LETPA?:

5. Total Dollar Amount Requested: \$35,295

6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project. To learn more about the strategy visit this website:

<http://www.azdohs.gov/Grants/SHSS.asp>

5.1.1, 5.1.4, 5.2.1

7. Identify the primary National Priority that is supported by this project from the drop down box below.

NP6. Strengthen CBRNE Detection, Response and Decontamination Capabilities

8. Is this project new or ongoing? If the project is ongoing, identify the corresponding projects and funding amounts for each year as applicable. Also, for the current grant cycle, please identify, if any, requests for funding from other funding sources i.e. EOC, EMPG etc.

Ongoing; FY2010 received \$28,000, FY2011 none received, FY 2012 received \$49,700.

9. Can partial funding be accepted for this project? If so, at what specific dollar amount(s), items, and quantities? Be sure to list the order of priority.

Yes. 1st; \$15,975.00 - Modular Diving Buoyancy Competency Device, 2nd; \$15,975.00 - SCUBA Regulator with Gas Switching Block, 3rd \$4,155.00 - Weight Integrated Diving Safety Harness.

10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency.

This project will serve the regional areas Gila County, Tonto Apache Tribal Reservation, San Carlos Tribal Reservation, White Mtn. Apache Tribal Reservation, Navajo, Coconino, Apache, and Maricopa Counties, and Town of Payson. None are direct partners at this point.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

GILA COUNTY SHERIFF'S OFFICE

Project Title:

CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

PROJECT NARRATIVE

11. Provide a summary description (scope of work) for this project as well as a description of the need. Be sure to include how this project will support and enhance jurisdictional capabilities that are directly related to the Initiative identified on the previous tab under item 4. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

team is relied upon to respond to water related incidents involving recreational lakes, rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated environment. The equipment enhances diver safety and personal protection when in these environments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater crime scene management and response to critical hazards, with this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto Apache Tribe, Tonto Basin Fire Dept., US National Park Service, and civilian volunteers. We provide training and work with teams from Navajo, Coconino, Apache Counties, and US Border Patrol.

12. What is the sustainability plan for this project/equipment?

The equipment meets or exceeds US Navy standards for quality and durability. It will be maintained and serviced yearly. The Buoyancy device has a lifetime warranty on the air bladder. With routine regular care the equipment should have a minimum sustainability of ten plus years.

13. Provide a summary of the current state of this project, its objectives and any outcomes to be completed prior to this funding. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

FY2010 Grant provided for the purchase of portable SCUBA air compressor fill station. No funding in FY2011, seizure of vehicle and trailer allowed placement of compressor for sustainable mobility to respond regionally and statewide. FY2012 Grant purchase of Contaminated Water Dry Protective Suits, SCUBA Full Face Mask, Emergency Backup Air Supply tanks, and communication equipment for response to critical contaminated environments. Objective is to complete needed equipment to safely and competently function in a critical contaminated environment.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

GILA COUNTY SHERIFF'S OFFICE

Project Title:

CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

PROJECT JUSTIFICATION

14a. Explain how this project supports the State Homeland Security Strategy.

To learn more about the State Homeland Security Strategy, refer to the following website:

<http://www.azdohs.gov/Grants/SHSS.asp>

Within Gila County are the two largest inland lakes; Roosevelt Lk. & San Carlos Lk. which provide much of the potable and agricultural water supply for Phoenix & Tucson metro areas. We have several private water companies which supply local needs. Our project in the past year has incorporated members, through MOU's, from Tonto Apache Tribe, US National Park Service, Tonto Basin Fire Dept. and provide training for Navajo, Coconino & Apache Counties, US Border Patrol. The equipment will fulfill our ability to respond to critical contaminated environments, seamlessly collaborate with other Public Safety Dive Teams throughout the state to prevent, respond to, & recover from all critical hazards involving a water environment.

14b. Include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Provide any additional justification that supports this project. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

This equipment will enhance protection for diving in contaminated water environments by allowing divers to switch air supply source without exposure to the environment of CBRNE contamination. Integrated Safety Harness system will keep divers safe and secure while diving by being able to tether the divers. Modular BCD system will allow for multiple users, rapid changes to multi-tank configuring when needed, and minimal down time for replacement by only replacing the module needed if affected by contamination.

15. Describe in detail the goals and objectives of the proposed project. Be sure to address what your organization's current capabilities are, and how the current capabilities of your organization will be impacted or enhanced as a result of this grant. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

We currently are equipped with protective Dry Dive Suits, SCUBA Full Face Masks, Radio, Mobile response trailer with air compressor fill station. Our goal is to completely equip a minimum of 15 personnel, using new and current equipment. This equipment will furnish divers with appropriate sustainable items to OSHA standards. Currently all of our divers must furnish and use their own BCD system and SCUBA Regulators, which creates issues for standardization. We do not have Integrated Weight Safety Harness's or Gas Switching Blocks. The requested SCUBA Regulator will match our most recent system upgrades from FY2012 to be able to have complete environmental sealed systems for extreme cold and contaminated conditions. The harness system will provide a backup means of simple communication, a safety line for when diving in confined or restricted environments facilitating diver rescue if needed.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

GILA COUNTY SHERIFF'S OFFICE

Project Title:

CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

CORE CAPABILITIES

16. From the 31 Core Capabilities please identify, from the drop down menu, no more than three Core Capabilities supported by this project in priority order. Then enter the proposed amount of funding to be obligated for each Core Capability from this project. To access the Core Capabilities List click on the link below.

<http://www.fema.gov/pdf/prepared/npg.pdf>

<http://www.fema.gov/pdf/prepared/crosswalk.pdf>

Environmental Response/Health and Safety

Enter Amount:

\$35,295

Choose Core Capabilities

Enter Amount:

\$0

Choose Core Capabilities

Enter Amount:

\$0

This amount should equal the total amount being requested for this project.

\$35,295

17. For each Core Capability selected, list the gap number as identified in the State Preparedness Report (SPR) that this project will address (Example gap number: Operational Communications, Equipment, 1- Acquire, maintain and sustain equipment). For each gap listed, provide a description of how this project will addresses that gap within your jurisdiction and/or region.

Enviornmental Response/Health and Safety; Equipment, 1.-Acquire, maintain and sustain equipment. This equipment will provide sustainable operational equipment to address hazard mitigation, search and rescue, crime scene management, and other critical hazards. We will also be able to assist other agencies in like fashion. We have incorporated members into our team to encourage and support the Tonto Apache Tribe, Tonto Basin FD, US National Park Service. We recently have be come involved in cross training with other counties and the US Border Patrol, that are forming or restructuring their Public Safety Dive Teams.

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant:

GILA COUNTY SHERIFF'S OFFICE

Project Title:

CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

MILESTONES

18. Provide specific milestones for the project during the course of the performance period. Each milestone (up to 4) should provide a clear description of the projected outcome. Note: If this grant is awarded, the milestones, as identified below, are required to be fulfilled as part of the grant requirement. The grant performance period is 12 months and the projected funding cycle is October 2013 - September 2014. Extensions will only be considered under extenuating circumstances, and additional supporting documentation will be required. Do not use any special characters such as a hyphen or apostrophe.

Milestone 1

Description:

Start Date

End Date

Grant received, criteria established for equipment bids.

10/01/2013

12/31/2013

Milestone 2

Description:

Start Date

End Date

Bids received and reviewed, purchase process started.

01/01/2014

03/31/2014

Milestone 3

Description:

Start Date

End Date

Bids awarded, purchase orders going out.

04/01/2014

06/30/2014

Milestone 4

Description:

Start Date

End Date

Equipment received, operational training started for new equipment, equipment issued to team members

07/01/2014

09/30/2014

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

AEL #	Item Description	Quantity Requested	Cost	Total Cost
01WA-01-SCBA ▾	SCUBA Regulator with Gas Switching Block	15	\$1,065	\$15,975
01WA-06-BCMP ▾	Compensators, Buoyancy Diving - Modular	15	\$1,011	\$15,165
01WA-06-HRNS ▾	Harness, Diving - Safety Weight Integrated	15	\$277	\$4,155
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
			Total	\$35,295

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #: []

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

All training must be in accordance with and approved by the State Training POC, prior to any contracted services with training provider. Any grant funds used for Communications Unit training must be in compliance with the Arizona Communications Unit Training Coordination Procedure.

More information on the Arizona Communications Unit Training Coordination Procedure can be found at:

<http://azpsic.gov/library/standards/default.htm>

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants from your jurisdiction.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training address a gap identified in the SPR? List the gap number from the SPR and a description of how the training addresses that gap.

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)

Backfill Overtime

Workshops Conferences

Trainers Contractors Consultants

Supplies

Travel

0

\$0

\$0

\$0

\$0

\$0

Total

Total Cost for All Deliveries

\$0

\$0

\$0

\$0

\$0

\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 2

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)

Backfill Overtime

Workshops Conferences

Trainers Contractors Consultants

Supplies

Travel

0

\$0

\$0

\$0

\$0

\$0

Total

Total Cost for All Deliveries

\$0

\$0

\$0

\$0

\$0

\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 3

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of
Deliveries (1 or Greater)Backfill
OvertimeWorkshops
ConferencesTrainers
Contractors
Consultants

Supplies

Travel

0

\$0

\$0

\$0

\$0

\$0

Total

Total Cost for All Deliveries

\$0

\$0

\$0

\$0

\$0

\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 4

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of
Deliveries (1 or Greater)Backfill
OvertimeWorkshops
ConferencesTrainers
Contractors
Consultants

Supplies

Travel

0

\$0

\$0

\$0

\$0

\$0

Total

Total Cost for All Deliveries

\$0

\$0

\$0

\$0

\$0

\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 5

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 6

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Prevent

Training Level Awareness

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 7

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area: Choose Mission Area

Training Level: Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 8

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area: Choose Mission Area

Training Level: Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

TOTAL TRAINING COSTS \$0 \$0 \$0 \$0 \$0 \$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #:

Applicant:

GILA COUNTY SHERIFF'S OFFICE

Project Title:

CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Must be conducted in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).

https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

Each Exercise event must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(Medicare is NOT a reimbursable cost for personnel Backfill/Overtime).** All Equipment associated with Exercise must be listed on the "Equipment Budget Narrative" page only. ***The character limit for this section is 1,000.***

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #: Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

PLANNING - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Each Planning activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable planning expenses/activities. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment associated with Planning must be listed on the "Equipment Budget Narrative" page only. **The character limit for this section is 1,000.**

Management & Administration and Planning Information:

http://www.azdohs.gov/Documents/Grants/HSGP_MAandPlanning1210.pdf

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting conferences and workshops, provide the name and description of the conference(s) or workshop(s) requested. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

PLANNING SUBTOTALS

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #:

Applicant:

Project Title:

ORGANIZATION - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Each Organization activity must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000.

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

TOTAL ORGANIZATION COSTS

TOTAL COSTS

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Project Title:	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH
-----------------------	---

							Total
M & A SUBTOTALS:	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

APPLICATION - SUMMARY

FUNDING CATEGORIES	TOTAL
EQUIPMENT	\$35,295
TRAINING	\$0
EXERCISE	\$0
PLANNING	\$0
ORGANIZATION	\$0
M & A	\$0
APPLICATION TOTAL	\$35,295

Grant Number:

Application Number:

Arizona Department of Homeland Security
1700 West Washington Street, Suite 210
Phoenix, AZ 85007

Project Summary

Local Unit of Government:	GILA COUNTY SHERIFF'S OFFICE
Award Amount:	\$35,295
Project Title:	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH
Project Description:	This equipment will provide further protection for first responders to contaminated critical incidents. Due to our rural nature our team is relied upon to respond to water related incidents involving recreational lakes, rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated environment. The equipment enhances diver safety and personal protection when in these environments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater crime scene management and response to critical hazards. With this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto Apache Tribe, Tonto Basin Fire Dept., US National Park Service, and civilian volunteers. We provide training and work with teams from Navajo, Coconino, Apache Counties, and US Border Patrol.
Project Type:	Enhance capabilities to respond to all-hazards events
Primary Core Capability:	Environmental Response/Health and Safety
HSGP Investment Supported:	Strengthen CBRNE Response and Detection
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Strengthen Arizona's essential responder personnel capabilities to address Chemical, Biological, Radiologic
Phoenix UASI Investment Supported:	Choose Primary Investment Supported
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Funding Source:	SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

2013 Budget Summary

Grant Number:

Is this LETPA? Yes

Application Number:

Allowable Planning Costs	SHSGP	UASI	Choose Primary Discipline
Developing hazard/threat-specific annexes that incorporate the range of prevention, protection, response, and recovery activities	\$0	\$0	Click Discipline
Developing and implementing homeland security support programs and adopting ongoing DHS National Initiatives	\$0	\$0	Click Discipline
Developing related terrorism prevention activities	\$0	\$0	Click Discipline
Developing and enhancing plans and protocols	\$0	\$0	Click Discipline
Developing or conducting assessments	\$0	\$0	Click Discipline
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)	\$0	\$0	Click Discipline
Conferences to facilitate planning activities	\$0	\$0	Click Discipline
Materials required to conduct planning activities	\$0	\$0	Click Discipline
Travel/per diem related to planning activities	\$0	\$0	Click Discipline
Overtime and backfill costs (IAW operational Cost Guidance)	\$0	\$0	Click Discipline
Planning Totals	\$0	\$0	\$0
Allowable Organizational Activities	SHSGP	UASI	Choose Primary Discipline
Overtime for information, investigative, and intelligence sharing activities (up to 50 percent of the allocation)	\$0	\$0	Click Discipline
Reimbursement for select operational expenses associated with increased security measures at critical infrastructure sites incurred during periods of DHS declared alert (up to 50 percent of the allocation)	\$0	\$0	Click Discipline
Hiring of new staff positions/contractors/consultants for participation in information/intelligence analysis and sharing groups or fusion center activities (up to 50 percent of the allocation)	\$0	\$0	Click Discipline
Organizational Totals	\$0	\$0	\$0
Allowable Equipment Categories	SHSGP	UASI	Choose Primary Discipline
01- Personal Protective Equipment	\$15,975	\$0	Law Enforcement
02- Explosive Device Mitigation and Remediation Equipment	\$0	\$0	Click Discipline
03- CBRNE Operational Search and Rescue Equipment	\$19,320	\$0	Law Enforcement
04- Information Technology	\$0	\$0	Click Discipline
05- Cyber Security Enhancement Equipment	\$0	\$0	Click Discipline
06- Interoperable Communications Equipment	\$0	\$0	Click Discipline
07- Detection	\$0	\$0	Click Discipline
08- Decontamination	\$0	\$0	Click Discipline
09- Medical	\$0	\$0	Click Discipline
10- Power	\$0	\$0	Click Discipline
11- CBRNE Reference Materials	\$0	\$0	Click Discipline
12- CBRNE Incident Response Vehicles	\$0	\$0	Click Discipline
13- Terrorism Incident Prevention Equipment	\$0	\$0	Click Discipline
14- Physical Security Enhancement Equipment	\$0	\$0	Click Discipline
15- Inspection and Screening Systems	\$0	\$0	Click Discipline
16- Agriculture Terrorism Prevention, Response, and Mitigation Equipment	\$0	\$0	Click Discipline
17- CBRNE Prevention and Response Watercraft	\$0	\$0	Click Discipline
18- CBRNE Aviation Equipment	\$0	\$0	Click Discipline
19- CBRNE Logistical Support Equipment	\$0	\$0	Click Discipline
20- Intervention Equipment	\$0	\$0	Click Discipline
21- Other Authorized Equipment	\$0	\$0	Click Discipline
Equipment Totals	\$35,295	\$0	\$35,295
Allowable Training Costs	SHSGP	UASI	Choose Primary Discipline
Overtime and backfill for emergency preparedness	\$0	\$0	Click Discipline
Training workshops and conferences	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Supplies	\$0	\$0	Click Discipline
Training Totals	\$0	\$0	\$0
Allowable Exercise Related Costs	SHSGP	UASI	Choose Primary Discipline
Design, Develop, Conduct and Evaluate an Exercise	\$0	\$0	Click Discipline
Exercise planning workshop	\$0	\$0	Click Discipline
Full- or part-time staff or contractors/consultants	\$0	\$0	Click Discipline
Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in FEMA exercises	\$0	\$0	Click Discipline
Implementation of HSEEP	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Supplies	\$0	\$0	Click Discipline
Exercise Totals	\$0	\$0	\$0
Allowable Management & Administrative Costs	SHSGP	UASI	Choose Primary Discipline
Hiring of full- or part-time staff or contractors/consultants to assist with the management of the respective grant program, application requirements, compliance with reporting and data collection requirements	\$0	\$0	Click Discipline
Development of operating plans for information collection and processing necessary to respond to FEMA data calls	\$0	\$0	Click Discipline
Overtime and backfill costs	\$0	\$0	Click Discipline
Travel	\$0	\$0	Click Discipline
Meeting related expenses	\$0	\$0	Click Discipline
Authorized office materials	\$0	\$0	Click Discipline
Recurring expenses such as those associated with cell phones and faxes during the period of performance of the grant program	\$0	\$0	Click Discipline
Management & Administrative Totals	\$0	\$0	\$0
Grand Totals	\$35,295	\$0	\$35,295

**Arizona Department of Homeland Security
Financial Systems Survey**

Name of Organization: GILA COUNTY SHERIFF'S OFFICE

Person completing survey: Sgt. John France

Date: 2/21/2013

Email: jfrance@co.gila.az.us

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND
DOCUMENT Comments AS REQUIRED.**

As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to award funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?

☒ Yes ☐ No

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two years? If yes, specify the grant contract numbers (for OSGP awards prior to FFY08 simply state "Stonegarden" in the blank provided): SHSGP 444403-03

☒ Yes ☐ No

999303-01

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

☒ Yes ☐ No

4. Has your organization completed an A-133 Single Audit within the past two years?

☒ Yes ☐ No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

☐ Yes ☒ No

6. If you answered YES to question #5 under what section of the IRS code?

☐ 501 C (3) ☐ 501 C (4) ☐ 501 C (5) ☐ 501 C (6) ☐ Other

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

☒ Yes ☐ No

B. FUNDS MANAGEMENT

8. Which of the following describes your organization's accounting system?

☐ Manual ☐ Automated ☐ Combination

9. How frequently do you post to the General Ledger?

☐ Daily ☒ Weekly ☐ Monthly ☐ Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each

☒ Yes ☐ No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

☒ Yes ☐ No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?

☒ Yes ☐ No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

☒ Yes ☐ No

C. INTERNAL CONTROLS

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

☒ Yes ☐ No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?

☒ Yes ☐ No

16. Are all accounting entries and payments supported by source documentation?

☒ Yes ☐ No

17. Are cash or in-kind matching funds supported by source documentation?

☒ Yes ☐ No

18. Are employee time sheets supported by appropriately approved/signed documents?

☒ Yes ☐ No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?

☒ Yes ☐ No

D. PROCUREMENT

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?

☒ Yes ☐ No

21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?

☒ Yes ☐ No

22. Does the organization complete some level of cost or price analysis for every purchase?

☒ Yes ☐ No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?

☒ Yes ☐ No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?

☒ Yes ☐ No

25. Does the organization maintain written procurement policies and procedures?

☒ Yes ☐ No

Grant Number: Application Number:

Arizona Department of Homeland Security

Standard Data Collection Form

A. Agency Information

Project Title (if applicable): CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

Agency: GILA COUNTY SHERIFF'S OFFICE

Amount Requested: \$35,295

Project Description: This equipment will provide further protection for first responders to contaminated critical incidents. Due to our rural nature our team is relied upon to respond to water related incidents involving recreational lakes, rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated environment. The equipment enhances diver safety and personal protection when in these environments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater crime scene management and response to critical hazards, with this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto

Address: POB 311

GLOBE AZ 85502-1465
(City) (State) (Zip code)

County: Gila

Authorized Individual:

Name JOHNNY SANCHEZ
(First Name) (Last Name)

Position / Title: CHIEF

Email: jgsanchez@co.gila.az.us

Phone: 928-425-4449

Ext.

Employer Identification Number: 866000444

Agency Classification (This is based on your selection on the Project Administrative Page):

County

Have you previously conducted business with the State using this Employer Identification Number?

Yes

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with your application.

http://gao.az.gov/onlineforms/forms/AZ_subw-9_010713-S&S.pdf

In which Congressional (Federal) District is your agency headquartered? Enter District #:

1

<http://www.azredistricting.org>

In which Legislative (State) District is your agency headquartered? Enter District #:

5

<http://www.azredistricting.org>

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

\$110,000

What is your organization's fiscal year-end date?

MM 06 DD 30

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?

Yes

Please provide contact information of the audit firm conducting your audit:

Agency: Miller and Allen & Co.

Address: 5333 North 7th St., Suite 100

(Address Line 1)

Phoenix

(City)

AZ

(State)

85014

(Zip code)

Phone Number: 602-264-3888

Fax: 602-230-0348

Arizona Department of Homeland Security

Standard Data Collection Form

B. Contact Information (Please copy this portion as many times as needed.)

Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type :	Program Agency
Agency:	Gila County Sheriff's Office
Address:	PO Box 311
	(Address Line 1)
	1100 South St.
	(Address Line 2)
	Globe
	(City)
	AZ
	(State)
	85502
	(Zip code)
County:	Gila
Contact Person:	John
	(First Name)
	France
	(Last Name)
Position/Title:	Sergeant
Email:	jfrance@co.gila.az.us
Phone Number:	928-701-4440
	Ext.
Fax:	928-474-0614

Agency Contact Type :	Fiscal Agency
Agency:	Gila County Sheriff's Office
Address:	PO Box 311
	(Address Line 1)
	1100 South St.
	(Address Line 2)
	Globe
	(City)
	AZ
	(State)
	85502
	(Zip code)
County:	Gila
Contact Person:	Nancy
	(First Name)
	Neumann
	(Last Name)
Position/Title:	Executive Admin. Asst.
Email:	nneumann@gilacountyaz.gov
Phone Number:	928-425-4449
	Ext.
Fax:	928-425-5674

Agency Contact Type :	Select Contact Type
Agency:	
Address:	
	(Address Line 1)
	(Address Line 2)
	(City)
	(State)
	(Zip code)
County:	Select County
Contact Person:	
	(First Name)
	(Last Name)
Position/Title:	
Email:	
Phone Number:	
	Ext.
Fax:	

Grant Number:

Application Number:

Arizona Department of Homeland Security

FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements

Name of Entity Receiving Award:	<input type="text" value="GILA COUNTY SHERIFF'S OFFICE"/>		
Requested Amount:	<input type="text" value="\$35,295"/>	Awarded Amount:	<input type="text"/> (AZDOHS use only)
Funding Agency:	<input type="text" value="Arizona Department of Homeland Security"/>		
CFDA Number:	<input type="text" value="97.067"/>		
Project Title:	<input type="text" value="CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH"/>		
Location:	City: <input type="text" value="GLOBE"/>	State: <input type="text" value="AZ"/>	Congressional District: <input type="text" value="1"/>
	Zip+4 Code: <input type="text" value="85502-1465"/>	http://www.azredistricting.org	
DUNS Number:	<input type="text" value="142370761"/>		
1) Is 80% or more of your annual gross revenues from Federal Awards?		<input type="text" value="Select Yes/No"/>	
2) Do you receive \$25 Million or more annually from Federal Awards?		<input type="text" value="Select Yes/No"/>	

If you answered YES to BOTH questions, you MUST provide the following:

Names and Total Compensation of Top Five paid executives:

1:	Name <input type="text"/>	Total Compensation <input type="text"/>
2:	Name <input type="text"/>	Total Compensation <input type="text"/>
3:	Name <input type="text"/>	Total Compensation <input type="text"/>
4:	Name <input type="text"/>	Total Compensation <input type="text"/>
5:	Name <input type="text"/>	Total Compensation <input type="text"/>

[illegible]

**STATE OF ARIZONA
Department of Homeland Security**

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Points of Contact

Address Your State Homeland Security Grant Program Management Questions to the Individuals Listed Below

AZDOHS

Assistant Director of Planning and Preparedness

Lisa Hansen
(602) 542-7014
Lhansen@azdohs.gov

Assistant Director of Finance and Administration

Terry Riordan
(602) 542-7056
Triordan@azdohs.gov

Assistant Director of Community Preparedness

Cheryl Bowen Kennedy
(602) 542-7077
Cbowen@azdohs.gov

Equipment Specialist

Michael Stidham
(602) 542-7041
Mstidham@azdohs.gov

NIMCAST COMPLIANCE (ADEM)

Mariano Gonzalez
(602) 464-6327
Mariano.gonzalez@azdema.gov

REGIONAL STRATEGIC PLANNERS AND FINANCE SPECIALISTS

**Central Region,
Phoenix UASI**

Susan Dzbanko
Senior Strategic Planner
Office: (602) 542-1777
Cell: (602) 319-8837
Sdzbanko@azdohs.gov

**East & West Regions,
State Agencies**

John Coughlin
Strategic Planner
Office: (602) 542-7012
Cell: (602) 568-2973
Jcoughlin@azdohs.gov

**North and South
Regions**

Maryann Loya
Strategic Planner
Office: (602) 542-7062
Cell: (602) 531-7226
Mloya@azdohs.gov

**Central, East & West Regions,
Phoenix UASI**

Lois George
Grant & Finance Specialist
(602) 542-7047
Lgeorge@azdohs.gov

**North Region,
State Agencies**

Kevin Mancino
Budget Manager
(602) 542-1716
Kmancino@azdohs.gov

South Region

Simone Courter
Grant & Finance Specialist
(602) 542-7037
Scourter@azdohs.gov

ADEM (Training & Exercise)

**Homeland Security Training
Coordinator**

Kathy Walker
Office: (602) 464-6264
katherine.walker@azdema.gov

Exercise Coordinator

Jan Lindner
Office: (602) 464-6218
jan.lindner@azdema.gov

FEMA Training Coordinator

Becky Scott
Office: (602) 464-6398
becky.scott@azdema.gov

Arizona Department of Homeland Security
FFY 2013
State Homeland Security Grant Program (SHSGP)
Regional Advisory Council (RAC) Scoring Tool*

Region _____
Reviewer _____

Score All projects using the following scale	
2	Project Fully Meets Criterion
1	Project Partially Meets Criterion
0	Project Does Not Meet Criterion

[illegible]

*This tool is to assist the RACs in the review and recommendation process: